

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Cabot Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Northport Drive Cabot, AR 72023	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>37634</p> <p>Based on observation and interview it was determined that the facility did not ensure the survey inspection book was kept in a place where residents and family members could reach the book without asking.</p> <p>The findings are:</p> <p>On 12/11/2024 at 10:07 AM, during the resident council meeting Resident #7, Resident #49, Resident #61, and Resident #65 indicated that they did not know where the survey inspection book was located.</p> <p>On 12/11/24 at 10:12 AM, the survey inspection book was observed behind the nurse's station in a rack. The survey inspection book was not where the residents could reach it.</p> <p>During an interview on 12/11/2024 at 10:14 AM, the Director of Nursing (DON) indicated that the survey inspection book was kept behind the nurse's station. The DON indicated that a resident would not be able to reach the survey inspection book if they were in a wheelchair.</p> <p>On 12/11/24 at 3:00 PM, the survey inspection book was observed behind the nurse's station in a rack. The survey inspection book was not where the residents could reach it.</p> <p>On 12/12/24 at 10:14 AM, the survey inspection book was observed behind the nurse's station in a rack. The survey inspection book was not where the residents could reach it.</p> <p>During an interview on 12/12/24 at 10:18 AM, the Administrator indicated that the survey inspection book was located around the nurse's station. The Administrator indicated the inspection book used to be located where the residents could reach it. The Administrator indicated the inspection book was moved behind the nurse's station where the residents could not reach it because the residents would take it or move it. The Administrator indicated that she would have to make another survey book if the residents take it.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>38200</p> <p>Based on observation, interviews, record review, and facility document review, it was determined that the facility failed to ensure a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) within 14 calendar days after admission to identify issues needed for comprehensive care plan development for 1 (Resident #52) of 8 sample mix residents.</p> <p>The findings are:</p> <p>On 12/9/24 at 9:29 AM, this surveyor observed Resident #52 lying in bed on their back at a thirty-degree (30') angle with eyes closed. Oxygen (O2) concentrator was present in the room and running at two (2) liters per minute (LPM) through a nasal cannula with humidification. Tubing, humidification, and storage bag were date 12/03/2024.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for November 2024, did not provide an area to document oxygen use.</p> <p>Review of Resident #52's Baseline Care Plan dated 11/04/2024 noted in section 4; Health Conditions A. Health Conditions/ Special Treatments, 1a. Oxygen therapy- while a resident.</p> <p>Review of Resident #52's Order Summary Report dated 12/09/2024, noted change O2 tubing, clean filter and O2 cabinet, date all tubing every Monday night on 11-7 shift and for maintenance, O2 at two to four (2-4) LPM through nasal cannula. No directions specified for order.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/05/2024 at 11:00 AM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 via NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/06/2024 at 11:37 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 12:27 AM, noted in section H. Respiratory 1. Pulmonary assessment 3) Shortness of breath (SOB) on exertion 7a. Oxygen therapy- while a resident; 8. O2 at 2 lpm; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 4:10 PM, noted in section H. Respiratory 1. Pulmonary assessment 3) Shortness of breath (SOB) on exertion; 7a. Oxygen therapy- while a resident; 8. O2 at 2-4; 9. O2 through NC PRN.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 7:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 11:04 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC PRN.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #52's Nursing Skilled Charting dated 11/08/2024 at 2:30 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2-4; 9. O2 through NC PRN.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/08/2024 at 11:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Care Plan dated 11/08/2024, noted the resident has shortness of breath (SOB) with O2 use. O2 as needed (PRN), as per Medical Doctors (MD) orders.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/09/2024 at 12:42 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/09/2024 at 6:56 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/09/2024 at 11:39 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/10/2024 at 9:58 AM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/10/2024 at 6:22 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Admission/ Medicare 5 Day Minimum Data Set (MDS) with an Assessment Reference Date of 11/10/2024, noted in Section O0110, Special Treatments, Procedures, and Programs C1. Oxygen while a resident no.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/11/2024 at 8:27 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through nasal cannula.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/11/2024 at 11:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for December 2024, did not provide an area to document oxygen use.</p> <p>During an interview with Resident #52 on 12/09/24 at 10:03 AM, the resident stated, I don't know why I'm getting oxygen. I was getting it in the hospital and came here with it.</p> <p>On 12/10/24 at 8:20 AM, Surveyor observed Resident #52 lying in bed on back at 30-45' angle with eyes closed. Oxygen concentrator present in room running at 2 LPM through nasal cannula with humidification. Oxygen tubing, humidification bottle and storage bag are all dated 12/10/2024.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Practical Nurse (LPN) #4 on 12/12/2024 at 11:42 AM, she confirmed that Resident #52 had received continuous oxygen since admission. LPN #4 revealed Resident #52 would become short of breath with any movement, but that the Physician ' s Order did not note why Resident #52 was receiving oxygen. LPN #4 confirmed the order summary report did not note whether the resident was to receive oxygen as needed or continuous. LPN #4 confirmed there was no place on the Medication Administration Record (MAR) to document daily oxygen use. LPN #4 confirmed the daily nursing skilled charting notes documented Resident #52 received oxygen from 11/05/2024 through 11/11/2024.</p> <p>During an interview with the Minimum Data Set (MDS) Coordinator on 12/12/2024 at 11:46 AM, she confirmed Resident #52 had an order for oxygen since 11/05/2024 and that the order did not say if the oxygen was to be continuous or as needed. She confirmed the Physician ' s Order did not note why the resident was receiving oxygen and that there needed to be an indication as to why the resident was receiving oxygen. MDS Coordinator confirmed Resident #52 had oxygen use noted on the daily nursing skilled charts from 11/05/2024 through 11/11/2024 and should be noted on the residents Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 11/10/2024. She confirmed section J of the MDS was not documented accurately as it should note the resident has shortness of breath with exertion as noted on the nursing skilled charting on 11/07/2024 in section H's part of the pulmonary assessment. The MDS Coordinator confirmed Resident #52's Care Plan was not documented accurately.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>38200</p> <p>Based on record review, interviews, and facility document review, it was determined that the facility failed to complete an accurate Minimum Data Set (MDS) for 1 (Resident #52) of 8 sample mix residents.</p> <p>The findings are:</p> <p>On 12/9/24 at 9:29 AM, the surveyor observed Resident #52 lying in bed on their back at a thirty-degree (30') angle with eyes closed. Oxygen (O2) concentrator present in the room and running at two (2) liters per minute (LPM) through a nasal cannula with humidification. Tubing, humidification, and storage bag date 12/03/2024.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for November 2024, did not provide an area to document oxygen use.</p> <p>Review of Resident #52's Baseline Care Plan dated 11/04/2024 noted in section 4. Health Conditions: A. Health Conditions/ Special Treatments: 1a. Oxygen therapy- while a resident.</p> <p>Review of Resident #52's Order Summary Report dated 11/05/2024, noted change O2 tubing, clean filter and O2 cabinet, date all tubing every Monday night on 11-7 shift and for maintenance, O2 at two to four (2-4) LPM though nasal cannula. No directions specified for order.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/05/2024 at 11:00 AM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 via NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/06/2024 at 11:37 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 12:27 AM, noted in section H. Respiratory 1. Pulmonary assessment 3) Shortness of breath (SOB) on exertion 7a. Oxygen therapy- while a resident; 8. O2 at 2 lpm; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 4:10 PM, noted in section H. Respiratory 1. Pulmonary assessment 3) Shortness of breath (SOB) on exertion; 7a. Oxygen therapy- while a resident; 8. O2 at 2-4; 9. O2 through NC PRN.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 7:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 11:04 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC PRN.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/08/2024 at 2:30 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2-4; 9. O2 through NC PRN.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Minimum Data Set (MDS) Coordinator on 12/12/2024 at 11:46 AM, she confirmed Resident #52 had an order for oxygen since 11/5/2024. The MDS Coordinator confirmed Resident #52 had oxygen use noted on the daily nursing skilled charts noted from 11/5/2024 through 11/11/2024 and should be noted on the resident ' s Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 11/10/2024. She confirmed section J of the MDS was not documented accurately as it should note the resident had shortness of breath with exertion as noted on the nursing skilled charting on 11/07/2024 in section H's part of the pulmonary assessment.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38200</p> <p>Based on observation, interviews, record review, facility document review, and facility policy review, it was determined that the facility failed to ensure the comprehensive care plan addressed and individualized appropriate care and services for 6 (Residents #52, #38, #60, #3, #44, and #377) of 15 sample mix residents reviewed for care plan.</p> <p>The Findings are:</p> <p>1. On 12/09/24 at 9:29 AM, the surveyor observed Resident #52 lying in bed on their back at a thirty-degree (30°) angle with eyes closed. Oxygen (O2) concentrator present in the room and running at two (2) liters per minute (LPM) through nasal cannula with humidification. Tubing, humidification and storage bag were dated 12/03/2024.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for November 2024, did not provide an area to document oxygen use.</p> <p>Review of Resident #52's Baseline Care Plan dated 11/04/2024, noted in section 4. Health Conditions A. Health Conditions/ Special Treatments 1a. Oxygen therapy- while a resident.</p> <p>Review of Resident #52's Order Summary Report dated 11/05/2024, noted change O2 tubing, clean filter and O2 cabinet, date all tubing every Monday night on 11-7 shift and for maintenance, O2 at two to four (2-4) LPM though nasal cannula. No directions specified for order.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/05/2024 at 11:00 AM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 via NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/06/2024 at 11:37 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 12:27 AM, noted in section H. Respiratory 1. Pulmonary assessment 3) Shortness of breath (SOB) on exertion 7a. Oxygen therapy- while a resident; 8. O2 at 2 lpm; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 4:10 PM, noted in section H. Respiratory 1. Pulmonary assessment 3) Shortness of breath (SOB) on exertion; 7a. Oxygen therapy- while a resident; 8. O2 at 2-4; 9. O2 through NC PRN.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 7:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/07/2024 at 11:04 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC PRN.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #52's Nursing Skilled Charting dated 11/08/2024 at 2:30 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2-4; 9. O2 through NC PRN.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/08/2024 at 11:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Care Plan dated 11/08/2024 noted the resident has shortness of breath (SOB) with O2 use. O2 as needed (PRN), as per Medical Doctors (MD) orders.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/09/2024 at 12:42 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/09/2024 at 6:56 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/09/2024 at 11:39 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/10/2024 at 9:58 AM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/10/2024 at 6:22 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/11/2024 at 8:27 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through nasal cannula.</p> <p>Review of Resident #52's Nursing Skilled Charting dated 11/11/2024 at 11:17 PM, noted in section H. Respiratory 7a. Oxygen therapy- while a resident; 8. O2 at 2L; 9. O2 through NC.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for December 2024, did not provide an area to document oxygen use.</p> <p>During an interview with Resident #52 on 12/09/24 at 10:03 AM, the resident stated, I don't know why I'm getting oxygen. I was getting it in the hospital and came here with it.</p> <p>On 12/10/24 at 8:20 AM, the surveyor observed Resident #52 lying in bed on their back at a 30-45' angle with eyes closed. Oxygen concentrator present in the room running at 2 LPM through nasal cannula with humidification. Oxygen tubing, humidification bottle and storage bag are all dated 12/10/2024.</p> <p>During an interview with Licensed Practical Nurse (LPN) #4 on 12/12/2024 at 11:42 AM, she confirmed that Resident #52 has received continuous oxygen since admission. LPN #4 revealed the resident became short of breath with any movement. LPN #4 confirmed the order summary report did not note whether the resident was to receive oxygen as needed (PRN) or continuous. The LPN confirmed the daily nursing skilled charting notes documented the resident receiving oxygen from 11/05/2024 through 11/11/2024. LPN #4 confirmed Resident #52 's Care Plan noted the resident as receiving oxygen PRN, but the order summary report did not note PRN.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Cabot Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Northport Drive Cabot, AR 72023	
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Minimum Data Set (MDS) Coordinator on 12/12/2024 at 11:46 AM, she confirmed Resident #52 had an order for oxygen since 11/05/2024 and that the order did not say if the oxygen was to be continuous or as needed. The MDS Coordinator confirmed Resident #52 had oxygen use noted on the daily nursing skilled charts noted from 11/05/2024 through 11/11/2024. The MDS Coordinator confirmed Resident #52's care plan was not documented accurately.</p> <p>2. A Review of an Admission Record indicated the facility admitted Resident #3 with admitting diagnosis of Alzheimer's Disease (disease that destroys memory and mental functions).</p> <p>The quarterly MDS, with an Assessment Reference Date (ARD) of 12/02/2024 revealed Resident #3 had a BIMS score of 15, with indicated the resident was cognitively intact.</p> <p>Review of Resident #3 ' s Care Plan, revealed multiple areas, in Intervention where black box warnings did not reveal details to monitor. Black box warning and medication were referenced in the Care Plan but no warnings for symptoms to monitor.</p> <p>3. A Review of an Admission Record indicated the facility admitted Resident #38 with diagnoses of cerebral infarction due to occlusion or stenosis of the right middle cerebral artery (stroke), embolism and thrombosis of artery (blood clot), pain, major depressive disorder (depressed mood or loss of interest affecting daily life), peripheral vascular disease (narrow blood vessels are reducing blood flow to limbs), atrial fibrillation (irregular heart beat upper chamber of heart beats out coordination from lower chambers, and hypothyroidism (the thyroid does not produce enough thyroid hormone).</p> <p>The annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/05/2024, revealed Resident #38 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment.</p> <p>Review of Resident #38 ' s Care Plan, revealed multiple areas in intervention, where black box warnings did not reveal details to monitor. Black box warning and medication such as a blood thinner initiated on 2/14/2024, an ACE inhibitor initiated on 2/14/2024, a beta blocker initiated on 2/14/2024, s synthetic version of the principal thyroid hormone initiated on 6/24/2020, and antidepressant initiated on 12/05/2023, and an opioid agonist initiated on 8/07/2024 were referenced in Care Plan. No warnings for symptoms to monitor.</p> <p>4. A Review of an Admission Record indicated the facility admitted Resident #60 with diagnoses of rheumatoid arthritis (inflammatory response that usually affects joints), insomnia (trouble falling or staying asleep), depression (depressed mood), anxiety disorder (feeling of worry or fear that is strong enough to affect one's daily activity) , chronic pain, intervertebral disc degeneration to the lumbosacral region with discogenic back pain and lower extremity pain (changes in the disc due to ageing or trauma and the disc has break down and separate from the bone), wedge compression fracture of fifth lumbar vertebra (broken bone collapses and causes a wedge appearance).</p> <p>The quarterly MDS, with an ARD of 11/19/2024, revealed Resident #60 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated that the Resident was not able to finish the assessment. Further investigation in Section C of the MDS revealed memory was okay with moderate impairment with daily decision-making ability.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #60 ' s Care Plan revealed that multiple areas in intervention, where black box warnings did not reveal details to monitor. Black box warning and medication such as a nonsteroidal anti-inflammatory medication initiated on 10/18/2023, a nonsteroidal anti-inflammatory medication initiated on 04/04/2024, an antidepressant initiated on 10/18/2023, an atypical antipsychotic medication initiated on 10/18/2023, and an antidepressant initiated on 10/18/2023, were referenced in the Care Plan. No warnings for symptoms to monitor.</p> <p>5. Review of Resident #44's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/19/2024, noted the resident had active diagnoses of depression, heart failure, anxiety, pain, imaginary (phantom) limb syndrome with pain, acquired absence of right leg above the knee, acquired absence of left leg below the knee, heart failure. It also noted the resident receives, antianxiety, antidepressant, and an opioid.</p> <p>Review of Resident #44's Order Summary Report dated 12/11/2024 revealed the resident had orders for a prescription medicine used to treat depression, anxiety, nerve pain, fibromyalgia and chronic pain, oral capsule delayed response particles 60 milligrams (mg) give 1 capsule by mouth in the morning related to anxiety; a loop diuretic oral tablet 20 mg, give 3 tablet by mouth in the morning related to heart failure; a benzodiazepine medication oral table 1 mg give tablet by mouth four times a day related to anxiety; an opioid agonist (concentrate) oral solution 20 mg/ milliliter (mL) give 0.5 mL by mouth every 3 hours as needed for pain; an opioid agonist indicated for the relief of moderate to severe acute and chronic pain extended release (ER) oral tablet 30 mg give 1 tablet by mouth three times a day related to phantom limb syndrome with pain; an antidepressant oral tablet 50 mg give 0.5 tablet by mouth at bedtime for symptoms of insomnia.</p> <p>Review of Resident #44's Admission MDS with an ARD of 09/19/2024, noted the resident received, antianxiety, antidepressant, and an opioid.</p> <p>Review of Resident #44's Care plan dated 09/25/2024, does not note black box warning details for antidepressants, antianxiety, diuretic, hypnotic, and opioid.</p> <p>6. Review of Resident #377's Medicare 5-Day MDS with an ARD of 12/08/2024, noted the resident had active diagnoses of high blood pressure (hypertension), diabetes mellitus (DM); fracture of right bone in pelvis (Pubis), pain, and depression. It also noted the resident received insulin, antidepressant, opioid, hypoglycemic (including insulin).</p> <p>Review of Resident #377's Order Summary Report dated 12/02/2024, noted an opioid agonist oral Tablet 50 mg give 1 tablet by mouth every 6 hours as needed for Pain - Moderate; a GLP-1 agonist that lowers blood sugar (0.25 or 0.5mg/dose (DOS)) under the skin (subcutaneous) solution Pen-injector 2 mg/3mL inject 0.5 mg subcutaneously one time a day every Saturday related to Type II diabetes mellitus; a blood pressure medication oral tablet 80 mg give 1 tablet by mouth one time a day for hypertension; an antidepressant oral tablet 100 mg give 1 tablet by mouth at bedtime for insomnia; an antidepressant oral tablet 25 mg give 1 tablet by mouth one time a day for depression; a nonsteroidal anti-inflammatory medication oral tablet 15 mg give 1 tablet by mouth one time a day for Pain.</p> <p>Review of Resident #377's Care Plan with a date of 11/22/2024, does not document black box warnings details.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Minimum Data Set (MDS) Coordinator on 12/12/2024 at 11:46 AM, she confirmed that Resident #44 and Resident #377 do not have black box warning details in their care plans. The MDS Coordinator confirmed the purpose of black box warning details are to alert the staff of a medication interaction.</p> <p>51477</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>51477</p> <p>Based on interview and record review, it was determined that the facility failed to ensure resident Care Plan meetings were attempted every quarter for one (Resident #38) of one resident reviewed for Care Plan meetings.</p> <p>The findings include:</p> <p>On 12/12/2024 at 2:20 PM, the Minimum Data Set (MDS) Coordinator stated they spoke with the facility consultant, the facility does not have a policy for Care Plan meetings.</p> <p>Review of an Admission Record indicated that the facility admitted Resident #38 with a diagnosis of cerebral infarction due to occlusion or stenosis of the right middle cerebral artery (stroke).</p> <p>The annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/05/2024, revealed Resident #38 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the Resident had moderate cognitive impairment.</p> <p>During an interview on 12/09/2024 at 2:54 PM, Resident #38 stated I ' ve been to one [Care Plan] meeting in the last 5 years.</p> <p>During an interview on 12/11/2024 at 8:34 AM, the MDS Coordinator stated Resident #38 has not had a care plan meeting this year and that notification was sent in October or November of this year with no response from family. Resident #38 had a BIMS score of 11 and communication impairment and would get frustrated when not understood. The MDS coordinator stated they could have a care plan meeting with Resident #38 if the resident wanted one.</p> <p>Review of Resident #38 ' s Miscellaneous Files revealed the last known Care Plan Meeting Summary performed on 05/10/2023.</p> <p>During an interview on 12/12/2024 on 3:26 PM, the MDS Coordinator verified notification was only sent out to the family and not to the Resident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37634</p> <p>Based on observation and interview, it was determined that the facility failed to remove facial hair for 1 (Resident #69) of 4 sampled residents reviewed for activities of daily living.</p> <p>The findings are:</p> <p>A review of an Order Summary Report indicated that Resident #69 had a diagnosis of dementia.</p> <p>The significant change Minimum Data Set (MDS) with an Assessment Reference date (ARD) of 9/09/2024, revealed Resident #69 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment and required supervision for personal hygiene.</p> <p>Review of Resident #69's Care Plan initiated 09/08/2024, revealed that Resident #69 required supervision to partial assistance by one staff for personal hygiene.</p> <p>On 12/09/24 at 10:18 AM, Resident #69 was observed sitting in a wheelchair outside the resident ' s room. Resident #69 had facial hair on the resident ' s chin and above the upper lip.</p> <p>On 12/09/24 at 10:25 AM, Resident #69 was observed in the resident ' s room. Resident #69 had facial hair on the resident ' s chin and above the upper lip.</p> <p>On 12/09/24 at 2:00 PM, Resident #69 was observed in bed. Resident #69 had facial hair on the resident ' s chin and above the upper lip.</p> <p>On 12/11/24 at 8:45 AM, Resident #69 was observed sitting in a wheelchair outside the resident ' s room. Resident #69 had facial hair on the resident ' s chin and above the upper lip.</p> <p>On 12/11/24 at 10:46 AM, Resident #69 was observed sitting in a wheelchair outside resident ' s room. Resident #69 had facial hair on the resident ' s chin and above the upper lip.</p> <p>On 12/11/24 at 10:55 AM, Certified Nursing Aide (CNA) #3 indicated that Resident #69 gets facial hair shaved on shower days. CNA #3 indicated that Resident #69 had facial hair on the resident ' s chin and upper lip. CNA #3 indicated that she did not know why Resident #69 had not been shaved.</p> <p>On 12/12/2024 at 2:30 PM, the Administrator stated the facility did not have a policy on activities of daily living.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37634</p> <p>Based on interview and record review it was determined that the facility failed to carry out interventions after a fall for 1 (Resident #2) of 4 sampled residents reviewed for falls.</p> <p>The findings are:</p> <p>A review of an Order Summary Report indicated that Resident #2 had a diagnosis of osteoarthritis of both knees.</p> <p>The significant change Minimum Data Set (MDS) with an Assessment Reference date (ARD) of 09/25/2024 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS indicated that Resident #2 has had a fall with a major injury.</p> <p>Review of Resident #2's Care Plan revised 12/11/2024 revealed that Resident #2 had a fall on 10/24/2024. Interventions included to submit a therapy request for possible services. The Care Plan revised on 12/11/2024, indicated that Resident #2 had an unwitnessed fall. The intervention was to refer to therapy for an evaluation.</p> <p>A review of Resident #2's hospital records dated 09/19/2024 indicated Resident #2 had a fall with a nasal fracture.</p> <p>A review of a facility incident report dated 10/24/2024 indicated Resident #2 had an unwitnessed fall. Interventions included submitting a therapy request for possible services.</p> <p>A review of a Facility Incident Report dated 11/11/2024 indicated that Resident #2 had an unwitnessed fall. Interventions included referring to therapy.</p> <p>During an interview on 12/12/24 at 9:20 AM, the Physical Therapy Assistant indicated that a communication form was received from the DON when there was a need to evaluate a resident for possible services. She indicated after she completes her evaluation the form is sent to billing for payment. She indicated that she did not have a request for a therapy evaluation for 10/24/2024, and 11/01/2024 for Resident #2.</p> <p>On 12/12/24 at 10:00 AM, the Therapy Notes received from Physical Therapy Assistant were reviewed. The notes were dated for the period of 9/21/2024-10/20/2024. There were no notes dated 10/24/2024, and 11/01/2024 for Resident #2.</p> <p>On 12/12/2024 at 10:30 AM, the Physical Therapy Assistant (PTA) indicated she did not have any referrals for Resident #2 for 10/24/2024 and 11/01/2024.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 11:03 AM, the Director of Nursing (DON) indicated that a therapy form should have been completed for Resident #2 when the fall occurred on 10/24/2024 and 11/01/2024. The DON indicated that Resident #2 did not have a therapy evaluation form for 10/24/2024 or 11/01/2024.</p> <p>During an interview on 12/12/24 at 11:09 AM, the MDS coordinator provided a form titled Rehab Communication Form dated 11/01/2024. The form indicated that Resident #2 refused a therapy evaluation and restorative. The MDS Coordinator indicated that she wrote on the form that the resident refused therapy. The MDS coordinator indicated that the form was given to the Business Office Manager. The MDS coordinator indicated that she did not give the form to the therapy department.</p> <p>During an interview on 12/12/2024 at 11:15 AM, Resident #2, stated I have a lot of falls because I have polio. Resident #2 indicated the staff had not asked about a therapy evaluation. Resident #2 indicated not having refused to have a therapy evaluation or any therapy to help prevent falls.</p> <p>On 12/12/2024 at 2:30 PM, the Administrator stated the facility did not have a policy on falls.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>38200</p> <p>Based on observation, interviews, record review, and facility document review, it was determined that the facility failed to ensure that an accurate Physician ' s Order was in place for oxygen for 1 (Resident #52) of 1 sample mix residents who received oxygen.</p> <p>The findings are:</p> <p>On 12/09/24 at 9:29 AM, this surveyor observed Resident #52 lying in bed on back at a thirty-degree angle with eyes closed. Oxygen (O2) concentrator present in the room and running at two (2) liters per minute (LPM) through a nasal cannula with humidification. Tubing, humidification, and storage bag date 12/03/2024.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for November 2024, did not provide an area to document oxygen use.</p> <p>Review of Resident #52's Baseline Care Plan dated 11/04/2024 noted in section 4. Health Conditions A. Health Conditions/ Special Treatments 1a. Oxygen therapy- while a resident.</p> <p>Review of Resident #52's Order Summary Report dated 12/09/2024 noted change O2 tubing, clean filter and O2 cabinet, date all tubing every Monday night on 11-7 shift and for maintenance, O2 at two to four (2-4) LPM though nasal cannula. No directions were specified for the order.</p> <p>Review of Resident #52's admission/ Medicare 5 Day Minimum Data Set (MDS) with an Assessment Reference Date (ADR) of 11/10/2024, noted Section O0110. Special Treatments, Procedures, and Programs C1. Oxygen while a resident, no.</p> <p>Review of Resident #52's Medication Administration Record (MAR) for December 2024, did not provide an area to document oxygen use.</p> <p>On 12/10/24 at 1:59 PM, review of Resident #52's Care Plan dated 11/8/2024 noted the resident had shortness of breath with oxygen (O2) use. Oxygen (O2) as needed (PRN), as per Medical Doctors (MD) orders.</p> <p>During an interview with Resident #52, on 12/09/24 at 10:03 AM, the resident stated, I don't know why I'm getting oxygen. I was getting it in the hospital and came here with it.</p> <p>On 12/10/24 at 8:20 AM, this surveyor observed Resident #52 lying in bed on back at 30-45' angle with eyes closed. Oxygen concentrator present in the room running at 2 LPM through nasal cannula with humidification. Oxygen tubing, humidification bottle and storage bag were all dated 12/10/2024.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Practical Nurse (LPN) #4 on 12/12/2024 at 11:42 AM, she confirmed that Resident #52 had received continuous oxygen since admission. LPN #4 revealed Resident #52 became short of breath with any movement, but that the Physician ' s Order did not note why Resident #52 was receiving oxygen. LPN #4 confirmed the order summary report did not note whether the resident was to receive oxygen as needed or continuous. LPN #4 confirmed there was no place on the Medication Administration Record (MAR) to document daily oxygen use.</p> <p>During an interview with the Minimum Data Set (MDS) Coordinator, on 12/12/2024 at 11:46 AM, she confirmed Resident #52 had an order for oxygen since 11/05/2024 and that the order did not say if the oxygen was to be continuous or as needed. She confirmed the Physician ' s Order did not note why the resident was receiving oxygen and that there needed to be an indication as to why the resident was receiving oxygen.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>43409</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were prepared and served according to the planned written menu to ensure that nutritionally balanced meals were provided for the residents for 1 of 1 meal observed.</p> <p>The findings are:</p> <p>During an observation on 12/09/24 at 1:02 PM, the [NAME] asked the Dietary Manager (DM) to open more green beans to be cooked because there were not enough green beans to finish serving the residents. The DM confirmed there were no more green beans to cook and opened a can of spinach. The DM placed a partial can of spinach on the stove and placed a portion of the spinach in the microwave to cook. The DM obtained spinach temperature on the stove at 140.4 degrees. The DM removed spinach from stove and placed it on the steam table. The [NAME] began to serve spinach for the rest of the trays needed.</p> <p>During an observation on 12/09/24 at 1:19 PM, the [NAME] requested the dietary aide to make more puree chicken and dumplings, spinach, and bread.</p> <p>During an interview on 12/10/24 at 3:07 PM, the DM confirmed the kitchen ran out of pureed food and out of green beans. The DM confirmed the menu was not followed by using spinach. The DM confirmed the kitchen ran out of food because they did not confirm the number of meals needed for the day.</p> <p>During an interview on 12/11/24 09:59 AM, the [NAME] confirmed the kitchen ran out of food for lunch on 12/09/24, due to not cooking enough food and the kitchen did not order enough green beans for the meal. The [NAME] confirmed not preparing enough pureed food for all the residents needing a pureed meal due to having incorrect numbers. The [NAME] confirmed she did not follow the menu.</p> <p>During an interview on 12/11/24 11:42 AM, the Dietary Consultant (DC) confirmed the facility did not follow the menu and ran out of food due to not verifying the number of residents requiring meals for the day. The Dietary Consultant confirmed the facility did not order enough green beans which required the facility to cook spinach.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Cabot Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Northport Drive Cabot, AR 72023	

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>43409</p> <p>Based on observations, interviews, and record review, the facility failed to ensure pureed food was blended to a smooth consistency to meet the needs of residents who required a pureed diet during one (1) of one (1) meal service observed.</p> <p>The findings are:</p> <p>A review of a facility policy titled Therapeutic and Modified diets dated 08/24/2020, indicated, Purpose: To ensure residents receive foods with the appropriate textures and nutrient contents as prescribed by the physician to promote treatment and plan of care. Modified Consistency: Residents who require a modified consistency diet may be at risk for developing a foodborne illness due to the increased number of food handling steps required when preparing pureed and other modified consistency foods</p> <p>During an observation on 12/09/2024 at 11:49AM, pureed bread was prepared using milk, cornbread, white bread and milk. The consistency was thick and was not pudding like.</p> <p>During a concurrent observation and interview on 12/09/2024 at 12:18PM, pureed green beans were a thin runny consistency, and the [NAME] verbalized the pureed green beans were still a little thin.</p> <p>During an interview on 12/09/2024 at 1:20PM, the [NAME] confirmed the pureed bread that was served was too thick and not a pudding consistency. The [NAME] verbalized the bread had been in the oven prior to being placed on the steam table. The [NAME] verbalized the longer bread sits on the stem table it will thicken up and should not have been served.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43409</p> <p>Based on observations, interviews, and facility policy review, it was determined that the facility failed to prepare, distribute, and serve food under sanitary conditions. Specifically, the facility failed to ensure that dietary staff performed hand hygiene in between tasks for three (3) of three (3) staff (Dietary Aide #1, Dietary Aide #2 and Cook) observed in the kitchen.</p> <p>The findings are:</p> <p>A review of a facility policy titled Handwashing dated 05/15/2020, indicated, Purpose: To remove contamination after entering the kitchen, touching bare human body parts, using the toilet, coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating or drinking, handling soiled utensils or equipment, during food preparation, when switching between raw food and working with ready to eat food, before donning gloves for working with food, and after engaging in other activities that contaminate the hands</p> <p>A review of a facility policy titled Safe Food Handling Practices dated 10/23/2019, indicated, Policy: All food is purchase, stored, prepared, and distributed in a clean, safe, and sanitary manner while promoting safe food handling in compliance with state and federal guidelines. Procedure: Employees wash their hands when entering the kitchen and before handling food. Employees do not touch dishware or flatware where food is placed.</p> <p>During an observation on 12/09/24 at 11:36AM, Dietary Aide [DA] #2 entered the kitchen and walked to the restroom. Upon exiting the restroom DA #2 did not wash hands and placed gloves on both hands. Dietary Aide #2 began putting up clean dishes coming out of the dishwasher.</p> <p>During an observation on 12/09/24 at 12:06PM, Dietary Aide #1 placed both hands into shirt pockets. Dietary Aide #1 picked up lids then began placing the lids on the glasses prepared with tea.</p> <p>During an observation on 12/09/24 at 12:09PM, observed Dietary Aide #1 with left hand in the left shirt pocket. DA #1 picked up a coffee cup, obtained coffee then put a lid on the coffee cup. DA #1 handed the cup of coffee through the kitchen window to a resident.</p> <p>During an observation on 12/09/24 at 12:12PM, observed [NAME] take a pen out of shirt pocket. The pen did not work, and the [NAME] went to the office and obtained a pencil. The [NAME] removed the aluminum foil from the cornbread and obtained the temperature of the cornbread at 119.7 degrees. The [NAME] wrote the temperature down then walked over to the sink to wash hands. The [NAME] continued to obtain food temperatures.</p> <p>During an observation on 12/09/24 at 12:30PM, while serving chicken and dumplings, the [NAME] picked up all bowls with thumb on the top of the bowl and the hand on the bottom of the bowl. The [NAME] placed thumb on top of every bowl served.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Cabot Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Northport Drive Cabot, AR 72023	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 12/10/24 at 9:54 AM, Dietary Aide [DA] #1 was preparing dessert. DA #1 grabbed the phone out of the right pocket of shirt and looked at the phone. DA#1 placed phone back in shirt pocket and wiped both hands on front of shirt. DA #1 continued to prepare dessert.</p> <p>During an interview on 12/10/24 at 3:07 PM, the Dietary Manager confirmed handwashing should be completed when entering the kitchen, between dirty and clean tasks, handling ready-to-eat foods, and anytime an employee touches their face, their person or phone.</p> <p>During an interview on 12/11/24 9:59 AM, the [NAME] confirmed handwashing should be performed when you leave the line during meal service, when you go from one station to another, and if using gloves after gloves are removed prior to starting another task. The [NAME] confirmed that hands should have been washed after obtaining the pencil from the office.</p> <p>During an interview on 12/11/24 10:05 AM, DA #1 confirmed putting hands in shirt pockets and removed phone from shirt pocket. DA #1 confirmed hands should have been washed prior to doing any food services. DA #1 confirmed that not washing hands can cause cross contamination.</p>